

## Division of Health Licensing

County: Florence

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>JOHNSONVILLE ADULT DAY CENTER</b> 351 S MIDWAY HWY JOHNSONVILLE, SC 29555-6242 FAC.#:843-380-0777 ROBINSON, RHONDA H PH#: 843-380-0777 <b>Facility Email:</b> JADC2011@YAHOO.COM	Florence / Limited Liability PO BOX 1118 JOHNSONVILLE, SC 29555-1118 JOHNSONVILLE ADULT DAY CENTER LLC <b>ADC-0296 / 03/31/2014</b>	40
<b>Number of Participants:</b>		<b>40</b>
<b>LAKE CITY ADULT DAY CARE</b> 122 S ACLINE ST LAKE CITY, SC 29560-2633 FAC.#:843-394-8242 HARRELL, TIFFANY A PH#: 843-394-8242 <b>Facility Email:</b> LCADC 122@FTC-I.NET	Florence / Corporation 122 S ACLINE ST LAKE CITY, SC 29560-2633 LAKE CITY ADULT DAY CARE INC <b>ADC-0197 / 03/31/2014</b>	30
<b>Number of Participants:</b>		<b>30</b>
<b>LAKE CITY COMMUNITY DAY SERVICES</b> 411 S BLANDING ST LAKE CITY, SC 29560-3513 FAC.#:843-374-8088 JAMES, EARLINE D PH#: 843-374-8088 <b>Facility Email:</b> GENESISADULTDAYCARE@YAHOO.COM	Florence / Corporation PO BOX 517 LAKE CITY, SC 29560-0517 LAKE CITY COMMUNITY DAY SERVICES INC <b>ADC-0257 / 08/31/2014</b>	50
<b>Number of Participants:</b>		<b>50</b>
<b>MELVA'S ADULT AND CHILDREN'S DAY CARE</b> 817 W MAIN ST LAKE CITY, SC 29560-4401 FAC.#:843-374-2198 MYERS, MELVA A PH#: 843-374-2198 <b>Facility Email:</b> Not on File	Florence / Corporation 817 W MAIN ST LAKE CITY, SC 29560-4401 MELVA'S DAYCARE INC <b>ADC-0152 / 11/30/2014</b>	10
<b>Number of Participants:</b>		<b>10</b>
<b>NEW GENERATIONS ADULT DAY CENTER</b> 2111 W JODY RD FLORENCE, SC 29501-2031 FAC.#:843-629-0103 BELISSARY, JOHN C PH#: 843-629-0103 <b>Facility Email:</b> ANN@NEWGENERATIONSHC.COM	Florence / Corporation PO BOX 4929 FLORENCE, SC 29502-4929 NEW GENERATIONS ADULT DAY CENTER OF FLORENCE INC <b>ADC-0274 / 07/31/2014</b>	70
<b>Number of Participants:</b>		<b>70</b>
<b>PEE DEE ACTIVE DAY CENTER</b> 2120 ENTERPRISE DR FLORENCE, SC 29501-1104 FAC.#:843-665-1919 ROTHWELL, CORBETT PH#: 843-665-1919 <b>Facility Email:</b> CROTHWELL@ACTIVEDAY.COM	Florence / Corporation 2120 ENTERPRISE DR FLORENCE, SC 29501-1104 ACTIVE SC ONE INC <b>ADC-0235 / 03/31/2014</b>	40
<b>Number of Participants:</b>		<b>40</b>

County: Florence

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
SAVANNAH SENIORS 2620 ALLIGATOR RD EFFINGHAM, SC 29541-4313 FAC.#:843-662-7851 CANTY, RALPH W PH#: 843-662-7851 Facility Email: SAVANNAHGROVEBAPTIST@SC.RR.COM	Florence / Corporation 2620 ALLIGATOR RD EFFINGHAM, SC 29541-4313 SAVANNAH SENIORS INC ADC-0219 / 04/30/2014	12
Number of Participants:		12

Totals For Facility/License Type: Adult Day CareNumber of Activities/Facilities licensed: 7 Number Licensed Units: 252

## Division of Health Licensing

County: Florence

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>FLORENCE SURGERY AND LASER CENTER</b> 400 N CASHUA DR FLORENCE, SC 29501-2098 FAC.#:843-664-9398 GRANTHAM, EMILY G PH#: 843-664-9398 <b>Facility Email:</b> LORIB@CCFS2020.COM	Florence / Ltd. Liability 400 N CASHUA DR FLORENCE, SC 29501-2098 FLORENCE SURGERY AND LASER CENTER LLC <b>ASF-0070 / 03/31/2014</b>	2
<b>Operating Rooms: 2 Procedure Rooms: 0 Endoscopy Rooms: 0</b>		
<b>MCLEOD AMBULATORY SURGERY CENTER</b> 604 E CHEVES ST FLORENCE, SC 29506-2627 FAC.#:843-777-6451 SEGARS RN, MARIE G PH#: 843-777-6451 <b>Facility Email:</b> BALLEEN@MCLEODHEALTH.ORG	Florence / Non-Profit Corporation 604 E CHEVES ST FLORENCE, SC 29506-2627 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC <b>ASF-0080 / 09/30/2014</b>	2
<b>Operating Rooms: 2 Procedure Rooms: 0 Endoscopy Rooms: 0</b>		
<b>PHYSICIANS SURGERY CENTER OF FLORENCE</b> 1580 FREEDOM BLVD STE 300 FLORENCE, SC 29505-6074 FAC.#:843-674-2500 CRAVEN, DARCY PH#: 843-674-2500 <b>Facility Email:</b> DCRAVENN@CAROLINASHOSPITAL.COM	Florence / Corporation PO BOX 100550 FLORENCE, SC 29501-0550 QHG OF SOUTH CAROLINA INC <b>ASF-0107 / 08/31/2014</b>	8
<b>Operating Rooms: 4 Procedure Rooms: 2 Endoscopy Rooms: 2</b>		

Totals For Facility/License Type: Ambulatory SurgeryNumber of Activities/Facilities licensed: 3 Number Licensed Units: 12

County: Florence

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HEAT STREET 2421 2ND LOOP RD STE C FLORENCE, SC 29501-6191 FAC.#:843-661-0602 MITCHELL, LLOYD PH#: 843-661-0602 Facility Email: LLOYD@HEATSTREET.COM	Florence / Ltd. Liability 2421 2ND LOOP RD STE C FLORENCE, SC 29501-6191 HEAT STREET LLC BP-0020 / 06/30/2014	1

Totals For Facility/License Type: Body PiercingNumber of Activities/Facilities licensed: 1      Number Licensed Units: 1

## Division of Health Licensing

County: Florence

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>ACLIN PLACE</b> 200 S ACLIN ST LAKE CITY, SC 29560-2635 FAC.#:843-394-5677 UWAGBAI, LINDA G PH#: 843-394-5707 <b>Facility Email:</b> GBARNES@FCDSN.ORG	Florence / State 1211 E NATIONAL CEMETERY RD FLORENCE, SC 29506-3240 FLORENCE COUNTY DISABILITIES AND SPECIAL NEEDS BOARD <b>CRC-1257 / 01/31/2014</b>	8
<b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0	<b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0	
<b>Certifications:</b> None		
<b>BEARD RESIDENTIAL CARE FACILITY #1</b> 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 FAC.#:843-346-5272 BEARD, CATHERINE H PH#: 843-346-5272 <b>Facility Email:</b> Not on File	Florence / Sole Proprietorship 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 CATHERINE H BEARD <b>CRC-0140 / 04/30/2014</b>	10
<b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0	<b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0	
<b>Certifications:</b> None		
<b>BEARD RESIDENTIAL CARE FACILITY #2</b> 301 N ORANGE ST TIMMONSVILLE, SC 29161-1435 FAC.#:843-346-5272 BEARD, CATHERINE H PH#: 843-346-5272 <b>Facility Email:</b> Not on File	Florence / Sole Proprietorship 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 CATHERINE H BEARD <b>CRC-0082 / 04/30/2014</b>	8
<b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0	<b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0	
<b>Certifications:</b> None		
<b>BEARD'S RESIDENTIAL CARE FACILITY #3</b> 201 N BROCKINGTON ST TIMMONSVILLE, SC 29161-1503 FAC.#:843-346-5272 BEARD JR, JAMES PH#: 843-346-5272 <b>Facility Email:</b> Not on File	Florence / Sole Proprietorship 201 N BROCKINGTON ST TIMMONSVILLE, SC 29161-1503 CATHERINE H BEARD <b>CRC-0331 / 12/31/2013</b>	8
<b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0	<b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0	
<b>Certifications:</b> None		
<b>BURGESS RESIDENTIAL CARE FACILITY</b> 2591 S BREHENAN DR FLORENCE, SC 29505-6203 FAC.#:843-665-6843 BURGESS, SANDY M PH#: 843-665-6843 <b>Facility Email:</b> BURGESSSANDY@BELLSOUTH.NET	Florence / Sole Proprietorship PO BOX 6023 FLORENCE, SC 29502-6023 SANDY BURGESS <b>CRC-0925 / 04/30/2014</b>	9
<b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0	<b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0	
<b>Certifications:</b> None		

## Division of Health Licensing

County: Florence

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>CAROLINA PLACE</b> 240 CHARLES ST LAKE CITY, SC 29560-2161 FAC.#:843-394-5707 UWAGBAI, LINDA G PH#: 843-394-5707 Facility Email: LUWAGBAI@FCDSN.ORG	Florence / State 1211 E NATIONAL CEMETERY RD FLORENCE, SC 29506-3240 FLORENCE COUNTY DISABILITIES AND SPECIAL NEEDS BOARD CRC-1258 / 01/31/2014	8
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>CAROLINIAN</b> 718 S DARGAN ST FLORENCE, SC 29506-2559 FAC.#:843-665-9314 WILCOX, KATHRYN D PH#: 843-665-9314 Facility Email: KATHRYN.WILCOX@RHF.ORG	Florence / Corporation 718 S DARGAN ST FLORENCE, SC 29506-2559 FLORENCE RHF HOUSING INC CRC-0468 / 04/30/2014	38
Alzheimer Care:Yes Max # Resident:10	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>CARRIAGE HOUSE OF FLORENCE</b> 739 S PARKER DR FLORENCE, SC 29501-6062 FAC.#:843-661-6655 COLLINS, VIRGINIA L PH#: 843-661-6655 Facility Email: GINGERCHF@YAHOO.COM	Florence / Corporation PO BOX 6079 FLORENCE, SC 29502-6079 CARRIAGE HOUSE OF FLORENCE INC CRC-0996 / 03/31/2014	80
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>ELMCROFT OF FLORENCE</b> 3006 HOFFMEYER RD FLORENCE, SC 29501-7551 FAC.#:843-292-0012 ADEIMY, GINGER S PH#: 843-292-0012 Facility Email: RBARBER@ELMCROFTSENIORLIVING.COM	Florence / Ltd. Liability 9510 ORMSBY STATION RD STE 101 LOUISVILLE, KY 40223-4082 EC FLORENCE OPERATIONS LLC CRC-1422 / 10/31/2013 (Renewal Pending)	82
Alzheimer Care:Yes Max # Resident:38	Alzheimer Unit: Yes Max # Beds: 38	
Certifications:None		
<b>EMERITUS AT LAUREL GARDENS</b> 1938 MOUNTAIN LAUREL CT FLORENCE, SC 29505-6084 FAC.#:843-665-7978 OWENS, ALICIA B PH#: 843-665-7978 Facility Email: Not on File	Florence / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERITUS CORPORATION CRC-1387 / 08/31/2014	90
Alzheimer Care:Yes Max # Resident:13	Alzheimer Unit: Yes Max # Beds: 13	
Certifications:None		

## Division of Health Licensing

County: Florence

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>EVELYN'S RESIDENTIAL CARE FACILITY</b> 162 S MCQUEEN ST FLORENCE, SC 29501-4439 FAC.#:843-665-5751 HOWARD, MARGARET P PH#: 843-665-5751 Facility Email: EVELYNCUSAAC@YAHOO.COM	Florence / Sole Proprietorship PO BOX 5846 FLORENCE, SC 29502-5846 EVELYN R CUSAAC CRC-1164 / 05/31/2014	9
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>GENE'S RESIDENTIAL CARE #1</b> 607 W SUMTER ST FLORENCE, SC 29501-2458 FAC.#:843-662-2529 JONES, CASSIE T PH#: 843-662-2529 Facility Email: CAREGENE@BELLSOUTH.NET	Florence / Sole Proprietorship PO BOX 15101 FLORENCE, SC 29506-0101 GENE E JONES CRC-0431 / 05/31/2014	6
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>GENE'S RESIDENTIAL CARE FACILITY #2</b> 2385 PAMPLICO HWY FLORENCE, SC 29505-7515 FAC.#:843-407-4580 JONES, GENE E PH#: 843-407-4580 Facility Email: Not on File	Florence / Corporation PO BOX 15101 FLORENCE, SC 29506-0101 GENCASCO INC CRC-1479 / 06/30/2014	47
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>GENE'S RESIDENTIAL CARE FACILITY #3</b> 1312 W EVANS ST FLORENCE, SC 29501-3324 FAC.#:843-667-6636 JONES, CASSIE T PH#: 843-667-6636 Facility Email: CAREGENE@BELLSOUTH.NET	Florence / Sole Proprietorship 622 E MCIVER RD FLORENCE, SC 29506-6919 GENE E JONES CRC-0482 / 02/28/2014	9
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>HANNAH RESIDENTIAL MANOR</b> 3750 SHEMINALLY RD PAMPLICO, SC 29583-5700 FAC.#:843-493-0001 HART, PATRICIA W PH#: 843-493-2398 Facility Email: HANNARM1993@YAHOO.COM	Florence / Limited Liability 3750 SHEMINALLY RD PAMPLICO, SC 29583-5700 HART'S RENTAL MANAGEMENT COMPANY LLC CRC-0712 / 05/31/2013 (Renewal Pending)	48
Alzheimer Care:Yes Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

## Division of Health Licensing

County: Florence

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>JOHNSONVILLE ADULT CARE SERVICES</b> 351 S MIDWAY HWY JOHNSONVILLE, SC 29555-6242 FAC.#:843-380-0777 ROBINSON, RHONDA H PH#: 843-380-0777 Facility Email: JADC2011@YAHOO.COM	Florence / Ltd. Liability PO BOX 1118 JOHNSONVILLE, SC 29555-1118 JOHNSONVILLE ADULT CARE SERVICES LLC CRC-1530 / 11/30/2013 (Renewal Pending)	22
Alzheimer Care:Yes Max # Resident:3	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>PADD-WREN HOME</b> 2350 REGIONAL RD FLORENCE, SC 29501-7028 FAC.#:843-673-1005 MATTHEWS, KIMBERLY PH#: 843-673-1005 Facility Email: KIMBERLYMATTHEWS3971@YAHOO.COM	Florence / Non-Profit Corporation 2350 REGIONAL RD FLORENCE, SC 29501-7028 PRESBYTERIAN AGENCY FOR THE DEVELOPMENTALLY DISABLED INC CRC-1451 / 07/31/2014	6
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>PEE DEE GARDENS</b> 3117 W PALMETTO ST FLORENCE, SC 29505-5937 FAC.#:843-667-6699 BERG, SHANNON J PH#: 843-667-6699 Facility Email: PPRESTON@DEPAUL.ORG	Florence / DEPAUL ADULT CARE COMMUNITIES INC CRC-1391 / 05/31/2014	68
Alzheimer Care:Yes Max # Resident:22	Alzheimer Unit: Yes Max # Beds: 22	
Certifications:None		
<b>PRESBYTERIAN HOME OF SOUTH CAROLINA-FLORENCE (CRCF)</b> 2350 W LUCAS ST FLORENCE, SC 29501-1201 FAC.#:843-665-2222 HICKMAN III, WALTER E PH#: 843-665-2222 Facility Email: WHICKMAN@PRESHOMESC.ORG	Florence / Non-Profit Corporation 2350 W LUCAS ST FLORENCE, SC 29501-1201 PRESBYTERIAN HOME OF SOUTH CAROLINA CRC-0242 / 09/30/2014	47
Alzheimer Care:Yes Max # Resident:2	Alzheimer Unit: Yes Max # Beds: 13	
Certifications:None		
<b>VICTORIAN HOME</b> 313 WARLEY ST FLORENCE, SC 29501-4730 FAC.#:843-664-3090 NWANKUDU, ADA O PH#: 803-664-3090 Facility Email: ANWANKUDU@YAHOO.COM	Florence / Sole Proprietorship 1160 BERKLEY AVE FLORENCE, SC 29505-3006 ADA O NWANKUDU CRC-1487 / 04/30/2014	5
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

## Division of Health Licensing

County: Florence

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>WESLEYAN SUITES</b> 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 FAC.#:843-664-0700 TABOR, TERESSA L PH#: 843-664-0700 <b>Facility Email:</b> TTABOR@METHODIST-MANOR.COM	Florence / Non-Profit Corporation 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 UNITED METHODIST MANOR OF THE PEE DEE (NPC) <b>CRC-0662 / 12/31/2013</b>	95
<b>Alzheimer Care:Yes</b> <b>Max # Resident:12</b>	<b>Alzheimer Unit: Yes</b> <b>Max # Beds: 12</b>	
<b>Certifications:None</b>		
<b>WOODARD'S COMMUNITY CARE HOME I</b> 615 W EVANS ST FLORENCE, SC 29501-3409 FAC.#:843-665-4940 EADDY, MARCOLA C PH#: 843-968-8089 <b>Facility Email:</b> RC@AOL.COM	Florence / Sole Proprietorship PO BOX 255 FLORENCE, SC 29503-0255 MARCOLA EADDY <b>CRC-0301 / 08/31/2014</b>	9
<b>Alzheimer Care:No</b> <b>Max # Resident:0</b>	<b>Alzheimer Unit: No</b> <b>Max # Beds: 0</b>	
<b>Certifications:None</b>		

Totals For Facility/License Type: Community Residential Care Facility
 Number of Activities/Facilities licensed: 22      Number Licensed Units: 712

## Division of Health Licensing

County: Florence

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>CEDARS</b> 123 W FIFTH AVE PAMPLICO, SC 29583 FAC.#:843-667-5007 MILES, BRANDI S PH#: 843-667-5007 <b>Facility Email:</b> DJOHNSON@FCDSNORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0127 / 08/31/2014</b>	8
<b>FLORENCE COMMUNITY RESIDENCE</b> 511 CLYDE ST FLORENCE, SC 29506-3011 FAC.#:843-665-6600 COLEMAN, SHARON PH#: 843-667-5007 <b>Facility Email:</b> SCOLEMAN@FCDSN.ORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0025 / 03/31/2014</b>	8
<b>JOHNSONVILLE HAMPTON PLACE COMMUNITY RESIDENCE</b> 333 S HAMPTON AVE JOHNSONVILLE, SC 29555 FAC.#:843-667-5007 MILES, BRANDI S PH#: 843-667-5007 <b>Facility Email:</b> DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0161 / 11/30/2014</b>	8
<b>MAGNOLIA PLACE</b> 517 E MAIN ST OLANTA, SC 29114 FAC.#:843-667-5007 EPPS, PEARL L PH#: 843-667-5007 <b>Facility Email:</b> DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0126 / 07/31/2014</b>	8
<b>OAKS</b> 108 N PINCKNEY ST TIMMONSVILLE, SC 29161-1449 FAC.#:843-667-5007 COLEMAN, SHARON PH#: 843-667-5007 <b>Facility Email:</b> DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0128 / 09/30/2014</b>	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 5 Number Licensed Units: 40

County: Florence

Facility Type: Habilitation R16

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>MULBERRY PARK UNITS 301-306</b> 714 E NATIONAL CEMETERY RD FLORENCE, SC 29506-3230 FAC.#:843-664-2635 ALL, KATHRYN PH#: 843-664-2600 <b>Facility Email:</b> JHITCHMAN@DDSN.SC.GOV	Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR16-0141 / 11/30/2014</b>	85
<b>PECAN LANE BUILDINGS 201-205</b> 714 E NATIONAL CEMETERY RD FLORENCE, SC 29506-3230 FAC.#:843-664-2635 ALL, KATHRYN PH#: 843-664-2600 <b>Facility Email:</b> JHITCHMAN@DDSN.SC.GOV	Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR16-0119 / 08/31/2014</b>	120

Totals For Facility/License Type: Habilitation R16Number of Activities/Facilities licensed: 2      Number Licensed Units: 205

## Division of Health Licensing

County: Florence

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>CAROLINAS HOME HEALTH</b> 121 E CEDAR ST FLORENCE, SC 29506-2576 FAC.#:843-629-6811 POSTON, JOE A PH#: 843-629-6811 Facility Email: JPOSTON@CAROLINASHOSPITAL.COM	Florence / Limited Liability 121 E CEDAR ST FLORENCE, SC 29506-2576 FLORENCE HOME CARE SERVICES LLC HHA-0109 / 12/31/2013	4
Counties Served: Darlington, Dillon, Florence, Marlboro License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
<b>FLORENCE VISITING NURSES SERVICE</b> 1605-C W PALMETTO ST FLORENCE, SC 29501-4198 FAC.#:843-667-1515 STEPHENSON, LINDA K PH#: 843-667-1515 Facility Email: Not on File	Florence / Corporation PO BOX 4598 FLORENCE, SC 29502-4598 FLORENCE VISITING NURSES SERVICE INC HHA-0064 / 01/31/2014	4
Counties Served: Dillon, Florence, Lee, Marion License Restrictions: Physical Therapy: Y Speech Therapy: N Occupational Therapy: N Med. Social Services: N Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
<b>MCLEOD HOME HEALTH</b> 300 S DARGAN ST FLORENCE, SC 29506-2537 FAC.#:843-777-3050 STEPHENSON, SANDRA PH#: 843-777-3050 Facility Email: SSTEPHENSON@MCLEADHEALTH.ORG	Florence / Non-Profit Corporation 300 S DARGAN ST FLORENCE, SC 29506-2537 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC HHA-0085 / 05/31/2014	5
Counties Served: Darlington, Dillon, Florence, Lee, Marion License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: N Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
<b>METHODIST MANOR HOME HEALTH</b> 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 FAC.#:843-664-0700 TABOR, TERESSA L PH#: 843-664-0700 Facility Email: TTABOR@METHODIST-MANOR.COM	Florence / Non-Profit Corporation 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 UNITED METHODIST MANOR OF THE PEE DEE (NPC) HHA-0207 / 02/28/2014	1
Counties Served: Florence License Restrictions: RESTRICTED TO CCRC RESIDENTS OF THE METHODIST MANOR RETIREMENT COMMUNITY Physical Therapy: N Speech Therapy: N Occupational Therapy: N Med. Social Services: N Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		

## Division of Health Licensing

County: Florence

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
SC DHEC PEE DEE HOME HEALTH SERVICES 1705 W EVANS ST FLORENCE, SC 29501-3331 FAC.#:843-661-4762 VANN, LINDA G PH#: 843-661-4762 Facility Email: VANNLG@DHEC.SC.GOV	Florence / State 1705 W EVANS ST FLORENCE, SC 29501-3331 SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL HHA-0009 / 09/30/2014	12
Counties Served: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		

Totals For Facility/License Type: Home HealthNumber of Activities/Facilities licensed: 5 Number Licensed Units: 26

County: Florence

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCLEOD HOSPICE HOUSE 1203 E CHEVES ST FLORENCE, SC 29506-2711 FAC.#:843-777-4700 HARRISON-PAVY RN, JOAN PH#: 843-777-2564 Facility Email: JPAVY@MCLEODHEALTH.ORG	Florence / Non-Profit Corporation PO BOX 100551 FLORENCE, SC 29502-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC HPF-0003 / 09/30/2014	24

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 24

## Division of Health Licensing

County: Florence

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>AHAVA HOSPICE OF FLORENCE</b> 2405 2ND LOOP RD STE D FLORENCE, SC 29501-1602 FAC.#:843-468-9700 ROBINSON RN, AMANDA PH#: 803-794-3269 <b>Facility Email:</b> GLENNING@AHAVAHOSPICE.COM	Florence / Limited Liability PO BOX 1014 IRMO, SC 29063 AHAVA HOSPICE OF FLORENCE LLC <b>HPC-0168 / 11/30/2013 (Renewal Pending)</b>	31
<b>Counties Served:</b> Aiken, Anderson, Bamberg, Barnwell, Beaufort, Calhoun, Charleston, Chester, Clarendon, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Kershaw, Laurens, Lee, Lexington, Marion, McCormick, Newberry, Orangeburg, Richland, Saluda, Spartanburg, Sumter, Williamsburg, York		
<b>AMEDISYS HOSPICE OF SOUTH CAROLINA</b> 500 PAMPLICO HWY STE D FLORENCE, SC 29505-6051 FAC.#:843-656-0820 POSTON RN, JENNIFER L PH#: 843-656-0820 <b>Facility Email:</b> 2227@AMEDISYS.COM	Florence / Limited Liability 500 PAMPLICO HWY STE D FLORENCE, SC 29505-6051 AMEDISYS HOSPICE LLC <b>HPC-0091 / 07/31/2014</b>	46
<b>Counties Served:</b> Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
<b>CAROLINAS HOSPICE</b> 121 E CEDAR ST FLORENCE, SC 29506-2576 FAC.#:843-629-6811 POSTON, JOE A PH#: 843-629-6811 <b>Facility Email:</b> JPOSTON@CAROLINASHOSPITAL.COM	Florence / Limited Liability 121 E CEDAR ST FLORENCE, SC 29506-2576 FLORENCE HOME CARE SERVICES LLC <b>HPC-0040 / 12/31/2013</b>	10
<b>Counties Served:</b> Chesterfield, Darlington, Dillon, Florence, Georgetown, Lee, Marion, Marlboro, Sumter, Williamsburg		
<b>MCLEOD HOSPICE OF THE PEE DEE MCLEOD REGIONAL MEDICAL CENTER</b> 1203 E CHEVES ST FLORENCE, SC 29506-2711 FAC.#:843-777-2564 HARRISON-PAVY RN, JOAN PH#: 843-777-2564 <b>Facility Email:</b> JPAVY@MCLEODHEALTH.ORG	Florence / Non-Profit Corporation PO BOX 100551 FLORENCE, SC 29502-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC <b>HPC-0014 / 09/30/2014</b>	7
<b>Counties Served:</b> Clarendon, Darlington, Dillon, Florence, Lee, Marion, Williamsburg		
<b>SOUTHERNCARE-FLORENCE</b> 960 PAMPLICO HWY STE I FLORENCE, SC 29505-6244 FAC.#:843-664-9889 GRIER, VICKIE K PH#: 843-665-9889 <b>Facility Email:</b> Not on File	Florence / Corporation 217 DOZIER BLVD STE 201 FLORENCE, SC 29501-4090 SOUTHERNCARE INC <b>HPC-0078 / 03/31/2014</b>	16
<b>Counties Served:</b> Berkeley, Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Kershaw, Lancaster, Lee, Marion, Marlboro, Richland, Sumter, Williamsburg		

## Division of Health Licensing

County: Florence

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
UNITED HOSPICE OF THE PEE DEE 609 S COIT ST FLORENCE, SC 29501-5222 FAC.#:843-662-8633 JONES, PATRICIA A PH#: 843-662-8633 Facility Email: PJONES@UHS-PRUITT.COM	Florence / Corporation 609 S COIT ST FLORENCE, SC 29501-5222 UNITED HOSPICE INC HPC-0092 / 01/31/2014	14
Counties Served: Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Georgetown, Horry, Kershaw, Lee, Marion, Marlboro, Sumter, Williamsburg		

Totals For Facility/License Type: Hospice Program
Number of Activities/Facilities licensed: 6      Number Licensed Units: 124

## Division of Health Licensing

County: Florence

**Facility Type: Hospital or Institutional General Infirmary**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
---	---	-------------------

<b>CAROLINAS HOSPITAL SYSTEM</b>	Florence / Corporation	310
805 PAMPLICO HWY	PO BOX 100550	
FLORENCE, SC 29505-6050 FAC.#:843-674-2500	FLORENCE, SC 29501-0550	
CRAVEN, DARCY PH#: 843-674-2500	QHG OF SOUTH CAROLINA INC	
<b>Facility Email:</b> RHARDWICK@CAROLINASHOSPITAL.COM	<b>HTL-0761 / 11/30/2014</b>	
<b>Licensed Beds: General: 310 Psychiatric: 0 Rehab: 0 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:Trauma Center Level III, JCAHO Accredited

<b>CAROLINAS HOSPITAL SYSTEM CEDAR TOWER</b>	Florence / Corporation	66
121 E CEDAR ST	PO BOX 100550	
FLORENCE, SC 29506-2576 FAC.#:843-674-2500	FLORENCE, SC 29501-0550	
CRAVEN, DARCY PH#: 843-674-2500	QHG OF SOUTH CAROLINA INC	
<b>Facility Email:</b> RHARDWICK@CAROLINASHOSPITAL.COM	<b>HTL-0782 / 11/30/2014</b>	
<b>Licensed Beds: General: 0 Psychiatric: 12 Rehab: 42 Substance Abuse: 12</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>HEALTHSOUTH REHABILITATION HOSPITAL OF FLORENCE</b>	Florence / Corporation	88
900 E CHEVES ST	900 E CHEVES ST	
FLORENCE, SC 29506-2704 FAC.#:843-673-7284	FLORENCE, SC 29506-2704	
KING, THOM PH#:	HEALTHSOUTH REHABILITATION CENTER INC	
<b>Facility Email:</b> THOM.KING@HEALTHSOUTH.COM	<b>HTL-0587 / 06/30/2014</b>	
<b>Licensed Beds: General: 0 Psychiatric: 0 Rehab: 88 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>LAKE CITY COMMUNITY HOSPITAL</b>	Florence / District	48
258 N RON MCNAIR BLVD	PO BOX 1479	
LAKE CITY, SC 29560-2462 FAC.#:843-374-2036	LAKE CITY, SC 29560-1479	
MCCUTCHEON JR, BUTCH PH#: 843-374-6120	LOWER FLORENCE COUNTY HOSPITAL DISTRICT	
<b>Facility Email:</b> Not on File	<b>HTL-0897 / 05/31/2014</b>	
<b>Licensed Beds: General: 48 Psychiatric: 0 Rehab: 0 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:None

## Division of Health Licensing

County: Florence

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE 555 E CHEVES ST FLORENCE, SC 29506-2617 FAC.#:843-777-2000 SEGARS, MARIE G PH#: 843-777-2849 Facility Email: MSEGARS@MCLEODHEALTH.ORG	Florence / Non-Profit Corporation PO BOX 100551 FLORENCE, SC 29502-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC HTL-0384 / 05/31/2014	453
Licensed Beds: General: 453 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 12 Neonatal Special Care: 28		
Certifications:Abortions, Trauma Center Level III, Perinatal Level III Regional, JCAHO Accredited		
REGENCY HOSPITAL OF FLORENCE 121 E CEDAR ST FL 4 FLORENCE, SC 29506-2576 FAC.#:843-661-3471 JONES, DARRELL PH#: 000-000-0000 Facility Email: Not on File	Florence / Ltd. Liability 4714 GETTYSBURG RD MECHANICSBURG, PA 17055-4325 REGENCY HOSPITAL COMPANY OF SOUTH CAROLINA LLC HTL-0824 / 09/30/2014	40
Licensed Beds: General: 40 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		
Certifications:JCAHO Accredited		
WOMEN'S CENTER OF CAROLINAS HOSPITAL SYSTEM 1590 FREEDOM BLVD FLORENCE, SC 29505-6042 FAC.#:843-674-2500 CRAVEN, DARCY PH#: 843-674-2500 Facility Email: RHARDWICK@CAROLINASHOSPITAL.COM	Florence / Corporation PO BOX 100550 FLORENCE, SC 29501-0550 QHG OF SOUTH CAROLINA INC HTL-0674 / 12/31/2014	20
Licensed Beds: General: 20 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 11		
Certifications:Perinatal Level II, JCAHO Accredited		

Totals For Facility/License Type: Hospital or Institutional General InfirmaryNumber of Activities/Facilities licensed: 7 Number Licensed Units: 1,025

## Division of Health Licensing

County: Florence

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
---	---	-------------------

<b>CAROLINAS HOSPITAL SYSTEM TRANSITIONAL CARE UNIT</b>	Florence / Corporation	24
121 E CEDAR ST	PO BOX 100550	
FLORENCE, SC 29506-2576 FAC.#:843-674-2500	FLORENCE, SC 29501-0550	
GILLEY, JOHNNIE P PH#: 000-000-0000	QHG OF SOUTH CAROLINA INC	
<b>Facility Email:</b> DCRIVEN@CAROLINASHOSPITAL.COM	<b>NCF-0673 / 10/31/2014</b>	

Licensed Beds: Nursing Home: 24 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>COMMANDER NURSING CENTER</b>	Florence / Corporation	163
4438 PAMPLICO HWY	4438 PAMPLICO HWY	
FLORENCE, SC 29505-8502 FAC.#:843-669-3502	FLORENCE, SC 29505-8502	
COMMANDER III, JOE M PH#: 843-669-3502	COMMANDER HEALTH CARE FACILITIES INC	
<b>Facility Email:</b> Not on File	<b>NCF-0233 / 07/31/2014</b>	

Licensed Beds: Nursing Home: 163 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>DR RONALD E MCNAIR NURSING AND REHABILITATION CENTER</b>	Florence / Corporation	88
56 GENESIS DR	PO BOX 1598	
LAKE CITY, SC 29560-5531 FAC.#:843-389-3685	LAKE CITY, SC 29560-1598	
FRIERSON, SARAH L PH#: 843-389-3685	HEALTHCARE PANASCOPE INC	
<b>Facility Email:</b> MCNAIRNSGCTR@FTC-I.NET	<b>NCF-0918 / 11/30/2014</b>	

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>FAITH HEALTHCARE CENTER</b>	Florence / Ltd. Liability	104
617 W MARION ST	617 W MARION ST	
FLORENCE, SC 29501-2470 FAC.#:843-669-9958	FLORENCE, SC 29501-2470	
HANNA, HANY JOSEPH PH#: 843-479-6251	PALMETTO FAITH OPERATING LLC	
<b>Facility Email:</b> ADMIN.FA.SC@PALMETTOLTC.COM	<b>NCF-0927 / 09/30/2014</b>	

Licensed Beds: Nursing Home: 104 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

## Division of Health Licensing

County: Florence

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
---	---	-------------------

<b>FLORENCE REHAB &amp; NURSING CENTER</b> 133 W CLARKE RD FLORENCE, SC 29501-0722 FAC.#:843-669-4374 SIMON, SHIRLEY K PH#: Facility Email: RYAN@COOKE-ASSOCIATES.COM	Florence / Limited Liability 133 W CLARKE RD FLORENCE, SC 29501-0722 FLORENCE OPERATING LLC NCF-0935 / 09/30/2014	88
---	---	----

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>HERITAGE HOME OF FLORENCE</b> 515 S WARLEY ST FLORENCE, SC 29501-5199 FAC.#:843-662-4573 WELCH, PAIGE S PH#: 000-000-0000 Facility Email: PWELCH@HERITAGEFLORENCE.COM	Florence / Corporation 515 S WARLEY ST FLORENCE, SC 29501-5199 HERITAGE HOME OF FLORENCE INC NCF-0450 / 02/28/2014	132
--	--	-----

Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>HONORAGE NURSING CENTER</b> 1207 N CASHUA RD FLORENCE, SC 29501-6969 FAC.#:843-665-6172 TAYLOR, PAMELA M PH#: 843-665-6172 Facility Email: PTAYLOR1549@AOL.COM	Florence / Corporation 1207 N CASHUA RD FLORENCE, SC 29501-6969 HONORAGE NURSING HOME OF FLORENCE SC INC NCF-0329 / 12/31/2014	88
---	--	----

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>LAKE CITY-SCRANTON HEALTHCARE CENTER</b> 1940 BOYD RD SCRANTON, SC 29591-5835 FAC.#:843-389-9201 GOLDSMITH, SUSAN P PH#: 000-000-0000 Facility Email: ADMIN.LACI@PALMETTOLTC.COM	Florence / Ltd. Liability PO BOX 9 SCRANTON, SC 29591-0009 PALMETTO LAKE CITY OPERATING LLC NCF-0928 / 09/30/2014	88
---	---	----

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

## Division of Health Licensing

County: Florence

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
---	---	-------------------

<b>METHODIST MANOR HEALTHCARE CENTER</b>	Florence / Non-Profit Corporation	32
2100 TWIN CHURCH RD	2100 TWIN CHURCH RD	
FLORENCE, SC 29501-8200 FAC.#:843-664-0700	FLORENCE, SC 29501-8200	
TABOR, TERESSA L PH#: 843-664-0700	UNITED METHODIST MANOR OF THE PEE DEE (NPC)	
<b>Facility Email:</b> TERESSA.TABOR@GMAIL.COM	<b>NCF-0579 / 09/30/2014</b>	

Licensed Beds: Nursing Home: 0 Institutional Nursing Home: 32

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

<b>PRESBYTERIAN HOME OF SOUTH CAROLINA-FLORENCE</b>	Florence / Non-Profit Corporation	26
2350 W LUCAS ST	2350 W LUCAS ST	
FLORENCE, SC 29501-1201 FAC.#:843-665-2222	FLORENCE, SC 29501-1201	
HICKMAN III, WALTER E PH#: 843-665-2222	PRESBYTERIAN HOME OF SOUTH CAROLINA	
<b>Facility Email:</b> WHICKMAN@PRESHOMESC.ORG	<b>NCF-0420 / 09/30/2014</b>	

Licensed Beds: Nursing Home: 26 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>SOUTHLAND HEALTH CARE CENTER</b>	Florence / Corporation	88
722 S DARGAN ST	722 S DARGAN ST	
FLORENCE, SC 29506-2562 FAC.#:843-669-4403	FLORENCE, SC 29506-2562	
COMMANDER, CHARLES S PH#: 843-669-3502	COMMANDER HEALTH CARE FACILITIES INC	
<b>Facility Email:</b> Not on File	<b>NCF-0599 / 12/31/2014</b>	

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 11 Number Licensed Units: 921

County: Florence

Facility Type: PSAD Inpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>CHRYSALIS CENTER</b> 1430 S CASHUA DR FLORENCE, SC 29501-6323 FAC.#:843-673-0660 ALEXANDER, THELMA W PH#: 843-673-0660 Facility Email: TALEXANDER@CIRCLEPARK.COM	Florence / County PO BOX 6196 FLORENCE, SC 29502-6196 FLORENCE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE ITP-0026 / 10/31/2014	16
Licensed Beds: Medical Detox: 0 Social Detox: 0 Res. Treatment Program: 16		

Totals For Facility/License Type: PSAD InpatientNumber of Activities/Facilities licensed: 1 Number Licensed Units: 16

## Division of Health Licensing

County: Florence

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>CIRCLE PARK FAMILY COUNSELING &amp; ADDICTION CENTER</b> 601 GREGG AVE FLORENCE, SC 29501-4316 FAC.#:843-665-9349 JAMES, JEANNIE PH#: 843-665-9349 <b>Facility Email:</b> JJAMES@CIRCLEPARK.COM	Florence / County PO BOX 6196 FLORENCE, SC 29502-6196 FLORENCE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE <b>OTP-0009 / 07/31/2014</b>	2

Certifications:None

<b>SOUTHERN SUPPORT SERVICES OF SC</b> 514 2ND LOOP RD STE C FLORENCE, SC 29505-2848 FAC.#:919-610-1450 BELLAMY, ATOYA PH#: 919-610-1450 <b>Facility Email:</b> NICOLE_ANN_GRANT@HOTMAIL.COM	Florence / Limited Liability 514 2ND LOOP RD STE C FLORENCE, SC 29505-2848 SOUTHERN SUPPORT SERVICES OF SC LLC <b>OTP-0115 / 05/31/2014</b>	1
--	---	---

Certifications:None

<b>STARTING POINT OF FLORENCE</b> 797 N CASHUA DR FLORENCE, SC 29501-6983 FAC.#:843-673-9320 QUENAULT, HEATHER PH#: 843-673-9320 <b>Facility Email:</b> HQUENAULT@HOTMAIL.COM	Florence / Corporation 797 N CASHUA DR FLORENCE, SC 29501-6983 STARTING POINT OF FLORENCE INC <b>OTPN-0079 / 07/31/2014</b>	1
---	---	---

Certifications:Narcotics Treatment Program, Methodone Treatment Program

Totals For Facility/License Type: PSAD Outpatient

Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>4</u>
--	---------------------------------

## Division of Health Licensing

County: Florence

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>FMC DIALYSIS SERVICES-PEE DEE DIALYSIS</b> 331 ELIZABETH ANNE CT LAKE CITY, SC 29560-2488 FAC.#:843-394-3944 MONTGOMERY RN, FELICIA G PH#: 843-394-0355 Facility Email: Not on File	Florence / Corporation 331 ELIZABETH ANNE CT LAKE CITY, SC 29560-2488 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0103 / 05/31/2014	30
<b>Licensed Stations: Hemodialysis: 30 Peritoneal: 0</b>		
<b>FRESENIUS MEDICAL CARE CHURCH STREET</b> 406 S CHURCH ST FLORENCE, SC 29506-3000 FAC.#:843-679-5945 COOK RN, BARBARA MICHELLE PH#: 000-000-0000 Facility Email: Not on File	Florence / Corporation 406 S CHURCH ST FLORENCE, SC 29506-3000 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0178 / 12/31/2014	21
<b>Licensed Stations: Hemodialysis: 21 Peritoneal: 0</b>		
<b>FRESENIUS MEDICAL CARE FLORENCE</b> 435 N CASHUA DR FLORENCE, SC 29501-2097 FAC.#:843-669-0825 GRAHAM RN, SHIRLEY B PH#: 843-394-0355 Facility Email: Not on File	Florence / Corporation 435 N CASHUA DR FLORENCE, SC 29501-2097 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0141 / 07/31/2014	31
<b>Licensed Stations: Hemodialysis: 31 Peritoneal: 0</b>		
<b>FRESENIUS MEDICAL CARE FREEDOM</b> 1520 FREEDOM BLVD FLORENCE, SC 29505-6040 FAC.#:843-667-0654 BRIGMAN, MONIKA MARIA PH#: Facility Email: Not on File	Florence / Corporation 1520 FREEDOM BLVD FLORENCE, SC 29505-6040 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0142 / 07/31/2014	28
<b>Licensed Stations: Hemodialysis: 26 Peritoneal: 4</b>		
<b>FRESENIUS MEDICAL CARE JOHNSONVILLE</b> 200 STUCKEY ST JOHNSONVILLE, SC 29555-6449 FAC.#:843-380-1581 WENGER, ASHLEY M PH#: 843-380-1581 Facility Email: Not on File	Florence / Corporation 200 STUCKEY ST JOHNSONVILLE, SC 29555-6449 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0180 / 01/31/2014	21
<b>Licensed Stations: Hemodialysis: 21 Peritoneal: 0</b>		

Totals For Facility/License Type: Renal DialysisNumber of Activities/Facilities licensed: 5 Number Licensed Units: 131

## Division of Health Licensing

County: Florence

Facility Type: Residential Treatment for Children & Adolescents

Facility Name	County/Ownership Type	Licensed Units
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER	Florence / Ltd. Liability	59
601 GREGG AVE STE B	601 GREGG AVE STE B	
FLORENCE, SC 29501-4316 FAC.#:843-667-0644	FLORENCE, SC 29501-4316	
HAMILTON, PATRICIA PH#: 843-667-0644	PALMETTO PEE DEE BEHAVIORAL HEALTH LLC	
Facility Email: TRICIA.HAMILTON@UHSINC.COM	RTF-0014 / 09/30/2014	

Totals For Facility/License Type: Residential Treatment for Children & AdolescentsNumber of Activities/Facilities licensed: 1 Number Licensed Units: 59

## Division of Health Licensing

County: Florence

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>ELITE INK TATTOOS OF FLORENCE</b> 3027 E PALMETTO ST STE A FLORENCE, SC 29506-3827 FAC.#:843-665-4504 LANZ, ROBERT L PH#: 843-446-6299 <b>Facility Email:</b> FLORENCETATTOOS@YAHOO.COM	Florence / Limited Liability 3027 E PALMETTO ST STE A FLORENCE, SC 29506-3827 ELITE INK OF FLORENCE LLC <b>TF-0097 / 07/31/2011 (Renewal Pending)</b>	5
<b>IMPERIAL INK TATTOO</b> 2025 W EVANS ST FLORENCE, SC 29501-3356 FAC.#:843-676-0808 MITCHELL, LLOYD PH#: 843-676-0808 <b>Facility Email:</b> LLOYD@HEATSTREET.COM	Florence / Ltd. Liability 2025 W EVANS ST FLORENCE, SC 29501-3356 IMPERIAL INK TATTOO BUSINESS LLC <b>TF-0028 / 10/31/2013 (Renewal Pending)</b>	3
<b>PORKCHOP'S TATTOO STUDIO</b> 1356 JAMES JONES AVE FLORENCE, SC 29505-2793 FAC.#:843-318-2553 RAYFIELD, REBECCA ELIZABETH PH#: 843-325-5754 <b>Facility Email:</b> PORKCHOP4TATTOOS@YAHOO.COM	Florence / Limited Liability 2990 SOCIETY DR CONWAY, SC 29527-6527 T&R INDUSTRIES LLC <b>TF-0149 / 02/28/2014</b>	4

Totals For Facility/License Type: Tattoo FacilityNumber of Activities/Facilities licensed: 3 Number Licensed Units: 12

Number of Activities/Facilities licensed in county of Florence # Lics: 83  
 Number Licensed Units : 3,564

## Report Totals:

Total Number of Activities/Facilities licensed 83 Total Number Licensed Units: 3,564